



DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-796

Page 1 of 3

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SCISSORS, IN PARTICULAR, FOR SURGICAL PURPOSES

the specification of which is attached hereto unless the following box is checked:

[X] was filed on **January 22, 2004** as United States Application Number **10/763,941** or PCT International Application Number _____ and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Priority Claimed

101 38 356.8	Germany	08/04/2001	<input checked="" type="checkbox"/> [X]	<input type="checkbox"/> []
(Number)	(Country)	Month/Day/Year Filed	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date) - Month/Day/Year

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application
or PCT Parent Number
PCT/EP02/08389

Parent Filing Date
(MM/DD/YYYY)
07/27/2002

Parent Patent Number
(if applicable)

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from Hoeger, Stellrecht & Partners, Uhlandstr, 14 c, D-70182, Stuttgart, Germany, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

And I hereby appoint the practitioners at Customer Number 20028 as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all correspondence to: Customer Number or Bar Code Label:

20028

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor:

Manfred

Dworschak

Given Name (first and middle, if any)

Family Name or Surname

Inventor's Signature

Manfred Dworschak

Date: *2004-02-25*

Duerbheim

Germany

Germany

Residence

(City)

(State or Foreign Country)

Citizenship:

Riedweg 13, D-78589 Duerbheim, Germany

Mailing Address

(Street Address)

(City)

(State & Zip Code/Country)

Full name of second inventor:

Theodor

Lutze

Given Name (first and middle, if any)

Family Name or Surname

Inventor's Signature

Theodor Lutze

Date: *2004-02-25*

Balgheim

Germany

Germany

Residence

(City)

(State or Foreign Country)

Citizenship:

Hochstattweg 6, D-78582 Balgheim, Germany

Mailing Address

(Street Address)

(City)

(State & Zip Code/Country)

Full name of fourth inventor: **Pedro** **Morales**
Given Name (first and middle, if any) Family Name or Surname
Inventor's Signature Pedro Morales Date: 2004-02-25
Residence **Tuttlingen-Nendingen** **Germany** **Germany**
(City) (State or Foreign Country) Citizenship:
Mailing Address **Fronhofstrasse 26, D-78532 Tuttlingen-Nendingen, Germany**
(Street Address) (City) (State & Zip Code/Country)

Full name of fourth inventor: **Dieter** **Weissaupt**
Given Name (first and middle, if any) Family Name or Surname
Inventor's Signature Dieter Weissaupt Date: 2004-02-25
Residence **Immendingen** **Germany** **Germany**
(City) (State or Foreign Country) Citizenship:
Mailing Address **Bachzimmerer Oesch 10, D-78194 Immendingen, Germany**
(Street Address) (City) (State & Zip Code/Country)